

**STATE OF UTAH**  
**DEPARTMENTAL MEMORANDUM**

From  
DEPARTMENT DIVISION OF OIL, GAS, AND MINING

DATE: APRIL 28, 1981

To  
DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH

RE: SILVER MAPLE MINE

ATTENTION: STEVE MCNEIL

Dear Steve,

Enclosed for your review is the Notice of Intention to Commence Mining submitted for the Silver Maple Mine near Park City in Summit County.

I hope to bring this matter before the Board of Oil, Gas and Mining May 21, 1981 for tentative approval if the applicant provides additional information soon enough.

Please feel free to call if you have any questions or if I can assist you in any way.

Leland Spencer

Reclamation Engineer

|  |   |                            |
|--|---|----------------------------|
| <input type="checkbox"/> Coal  | <input type="checkbox"/> Flagstone            | <u>Open Pit Extraction</u> |
| <input type="checkbox"/> Copper  | <input type="checkbox"/> Gravel               | _____                      |
| <input type="checkbox"/> Manganese   | <input type="checkbox"/> Shale                | _____                      |
| <input type="checkbox"/> Iron Ore  | <input type="checkbox"/> Uranium              | _____                      |
| <input type="checkbox"/> Phosphate   | <input type="checkbox"/> Gilsonite            | _____                      |
| <input type="checkbox"/> Potash  | <input type="checkbox"/> Bituminous Sandstone | _____                      |
| <input type="checkbox"/> Fluorspar   | <input type="checkbox"/> Tungsten             | _____                      |
| <input checked="" type="checkbox"/> Other (specify) <u>Gold and Silver</u> |   |                            |

8. Have you or any person, partnership or corporation associated with you received an approved Notice of Intention to Commence Mining Operations by the State of Utah for operations other than described herein?

☐ Yes ☒ No

If yes, list all approval numbers now under surety:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Owner/Owners of record of the surface area within the land to be affected:

|             |               |
|-------------|---------------|
| <u>None</u> | Address _____ |
| _____       | Address _____ |
| _____       | Address _____ |
| _____       | Address _____ |